

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100 SCOTTSDALE, AZ 85258
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

PERSONAL USE ONLY	
Date Received: <u>OCT. 26, 2017</u>	Case Number: <u>18-28</u>

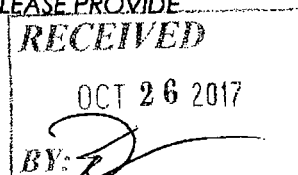
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Hanna Wachtel, DVM
Premise Name: 1st Pet
Premise Address: 1233 W Warner Rd
City: Chandler State: AZ Zip Code: 85224
Telephone: 480-732-0018

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Tyler Grawey
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Penny
Breed/Species: Miniature Pinscher, dog
Age: 6 months Sex: Female Color: Red

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

University Animal Hospital
2500 S Hardy Dr
Tempe, AZ 85282
480-968-9275

Arrowatakee Animal Care Hospital
Jeffrey Jenkins
10855 S 48th St
Phoenix, AZ, 85044
480-893-0533

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Alice Nolan
[REDACTED]

Terr Christensen
[REDACTED]

Rylee Beauford
[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]

Date: 10/24/17

To Whom It May Concern,

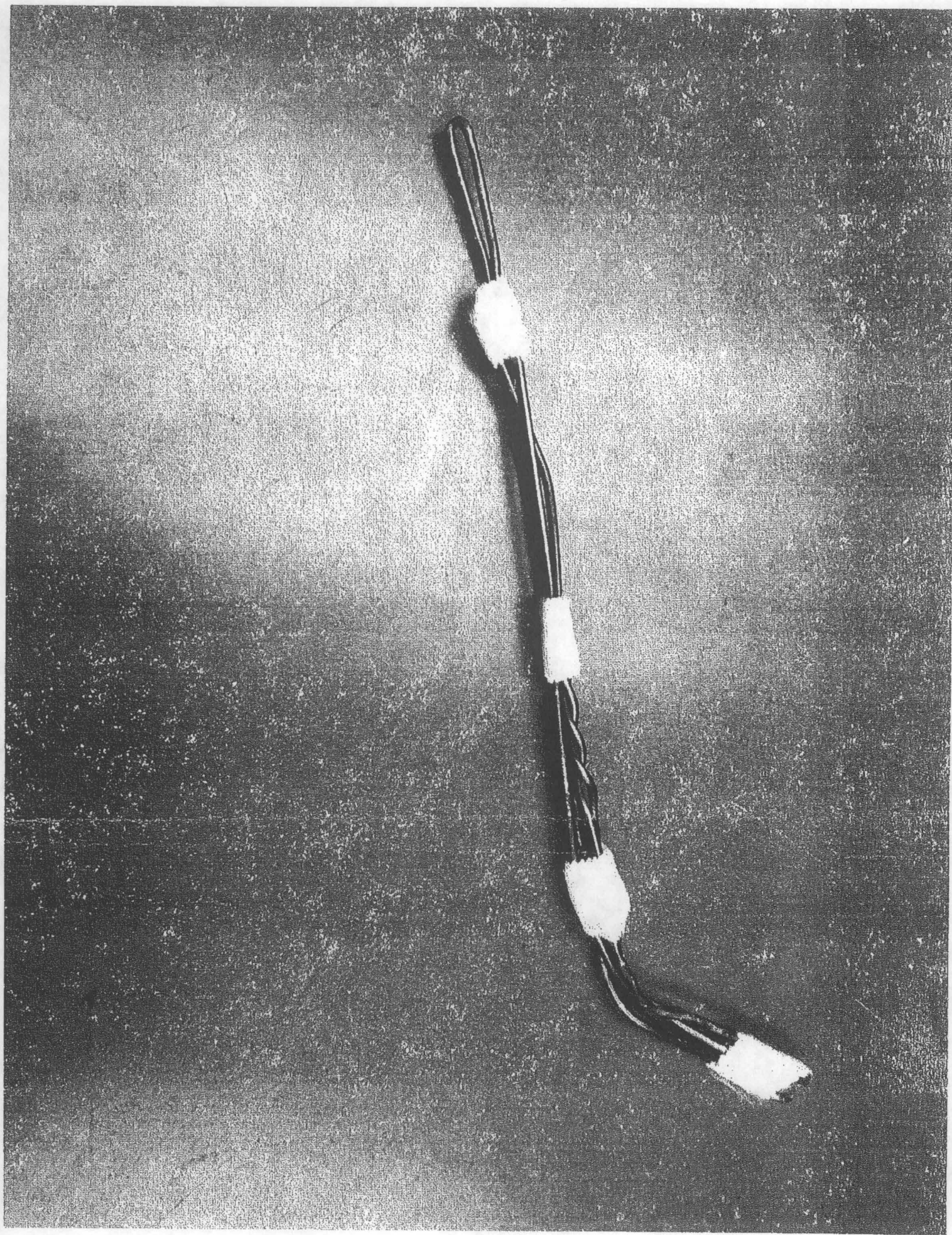
My dog, Penny, had broken her leg and we took her to 1st Pet 9/29/2017. Hanna Wachtel, DVM had told us that she would set and splint the leg. We paid \$725 for sedation, medication, xrays, bloodwork, and the splint. What she did not tell us was that she used a WIRE COAT HANGER as the splint. Hanna Wachtel was the person who performed the procedure and informed us that they had splinted it and that our only options were a \$4200+ surgery or amputation. We elected to go for a second opinion. But at no time during all this did she ever inform us that they did not use a legitimate splint and instead went with a wire coat hanger that was laying round the office. The discharge instructions from 1st Pet stated if we elected to not have the surgery we should take Penny in for weekly splints and bandage changes. Ten days later, we took Penny to Ahwatukee Animal Care Hospital for her re-splint and x-ray to see how things were going. It was then we discovered there was no splint, just a taped-up coat hanger. Because they did not use a real splint and never bothered to inform us, our poor Penny's bones became non-unionized due to having nothing holding them in place. We ultimately had to have the leg amputated many vets and thousands of dollars later. Had Hanna at 1st Pet been upfront and honest about their slap dash fix we would have had her leg properly splinted the next day, instead of waiting the week as per the discharge instructions and the bones would have actually had a chance to heal up on their own naturally. But due to the dishonesty and negligence of 1st Pet and specifically Hanna Wachtel, Penny now has only 3 legs. All other vets (listed on the complaint paperwork) we have spoken to, as well as shown all documentation, and the hanger itself were completely appalled and at a loss of words as to why 1st Pet would do such a thing. Hanna Wachtel's lack of integrity or care is unbelievable and no other person or animal should ever have to go through what we did. I have reached out to others who have used 1st Pet Chandler and this is not the first time they have done something like this. I just want it to be the last time they get away with this. Attached is a picture of the "splint." I have a folder with all supporting documentation. Also, I have spoken with these other vets who will support my allegation of malpractice and misconduct.

Thank you for your time and please feel free to contact me,

Tyler Grawey

[REDACTED]

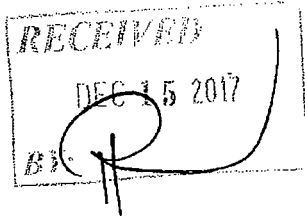
[REDACTED]







The one to call – 24/7



In Re: Hanna Wachtel, D.V.M., Case No. 18-28

Penny Grawey, a six (6) month old female Miniature Pincher Mix, presented to 1st Pet Veterinary Centers - Chandler ("1st Pet") at 7:02 p.m. on Friday, September 29, 2017. Penny's owner, Tyler Grawey, reported that Penny had jumped off his couch. Mr. Grawey heard a crack when Penny landed on the floor. Mr. Grawey immediately noticed a deformity of Penny's left front leg, and she was non-weight bearing lame. He brought her to 1st Pet for an evaluation.

I conducted a physical examination on Penny and a pain medication was administered when she arrived at the hospital. Penny was bright, alert and responsive during my examination, but she was non-weight bearing lame on her left front leg with marked pain and an angular limb deformity. I obtained radiographs of Penny's affected leg, and confirmed that she had a closed fracture of the left antebrachium. Specifically, the radiographs showed a fracture in the radius and ulna. There was a proximal oblique fracture of the radius with an elongated longitudinal split leading to a more distal transverse fracture, and a commuted fracture of the distal ulna.

After reviewing the radiographs, I informed Mr. Grawey that Penny indeed had a fracture of the left radius/ulna. We discussed Penny's treatment options, including the gold standard care with internal fixation/surgical repair and possibly a bone plate. We also discussed the use of an external fixture, splinting, and that amputation was a potential treatment option/outcome. I suggested that Mr. Grawey schedule a follow-up with Dr. Guastella, 1st Pet's in-house veterinary surgeon, to discuss Penny's options and manage her follow up care. An appointment was scheduled prior to discharge. A small lab panel was performed to avoid complications associated with anesthesia and anti-inflammatory use. Penny was briefly anesthetized and the fracture was reduced. I then created a splint to immobilize Penny's limb, and stressed the need for appropriate follow-up care to manage Penny's splint to avoid complications secondary to bandage placement. I explained to Mr. Grawey that he needed to keep the splint clean and dry. I also stressed that Penny needed to be seen at least weekly to have the dressing changed and that repeat x-rays would likely be recommended around 4 weeks after the initial fracture. I warned the owner that splint changes should be done by a trained professional to provide adequate immobilization while avoiding complications.

Mr. Grawey's Complaint expressed concern with my decision to use a portion of a coat hanger to stabilize the splint. According to Brinker, Piermattei, and Flo's Handbook of Small

Animal Orthopedics and Fracture Repair, 5th edition, 2016 "Coat hanger wire (for very small animals) or aluminum rods can be bent to conform to joint angles and can be applied cranially, caudally, or laterally depending on the support desired." pg. 64. Given Penny's small size, at 8.1 lbs., her open growth plates, and her energetic activity level, I determined that the coat hanger would provide adequate immobilization without providing excessive bulk or weight.

1st Pet's thermal splint molds, for example, are 2 inches wide, and would effectively create a cast going more than 2/3 the circumference of her limb rather than an intended splint. I also determined that a standard spoon splint could act as a fulcrum increasing stress on the fracture site due to lack of immobilization of the elbow joint. Other veterinary treatises have noted that tongue depressors can be used for splint supports in small puppies and kittens. I did not think that a tongue depressor was appropriate in this case, and would not provide sufficient strength given Penny's displayed activity/energy level.

After splinting Penny's left leg, I provided Mr. Grawey with detailed discharge instructions, and prescribed Penny medication to help control the acute pain and inflammation associated with her fracture. This concluded my involvement with this patient.

My understanding is that Mr. Grawey did not follow up with Dr. Gaustella, 1st Pet's veterinary surgeon, for a consultation as I recommended. Based on Mr. Grawey's complaint, it appears 10 days after his visit to 1st Pet, Mr. Grawey elected to follow up with a general practitioner. Penny's left front leg was eventually amputated due to the financial constraints associated with the cost of continued management and necessary follow-up visits.

Mr. Grawey reported, in his Complaint, that Penny's fracture had failed to form a union when radiographed by the subsequent treating veterinarian. He believed that a non-union occurred contributing to his decision to amputate. While Penny's loss of her limb is unfortunate, I informed Mr. Grawey that amputation was a potential outcome for Penny when I initially treated her on September 29, 2017. I personally question whether Penny's fracture would have healed if provided sufficient immobilization and time. Nevertheless, I can appreciate Mr. Grawey's financial constraints when deciding whether to amputate, proceed to surgery, or continue splinting the limb.

I am confident that all veterinary services provided by me to Penny were performed professionally, and in compliance with the applicable standard of care. I provided detailed discharge instructions to Mr. Grawey, and we discussed Penny's options in detail. A copy of the Penny's medical records, radiographs, and discharge instructions are enclosed with this Response. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 18-28 with no violations.

Respectfully submitted,

Hanna Wachtel, D.V.M.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Ed Hunter, R.Ph - **ABSENT**

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Sunita Krishna - Assistant Attorney General
Victoria Whitmore, Executive Director

RE: Case: 18-28
Complainant(s): Tyler Grawey
Respondent(s): Hanna Wachtel, D.V.M. (License: 6556)

SUMMARY:

Complaint Received at Board Office: 10/26/17
Committee Discussion: 2/6/18
Board IIR: 3/21/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow).

On September 29, 2017, "Penny," a 6-month-old female Miniature Pinscher was presented to Respondent for a fractured left front leg. Radiographs confirmed the fractured limb; treatment options were discussed and recommendation to see a surgeon was made.

Respondent splinted the limb using a coat hanger and discharged the dog with Tramadol and meloxicam. It was recommended the splint be changed weekly.

On October 12, 2017, the dog was presented to Ahwatukee Animal Care Hospital for a recheck. Repeat radiographs revealed a collapsing of the fractures and a coat hanger was used for stabilization. A week later the dog's leg was amputated.

Complainant contends Respondent was negligent in the care of the dog by using a coat hanger to stabilize the fractured limb, which possibly led to the leg needing to be amputated.

Complainant was noticed and appeared.
Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Tyler Grawey
- Respondent(s) narrative/medical record: Hanna Wachtel, DVM

PROPOSED 'FINDINGS of FACT':

1. On September 29, 2017, the dog was presented to Respondent for exam of a possible fractured left front limb. Complainant reported that the dog jumped off the couch and he immediately noticed a deformity of the dog's leg; the dog was non-weight bearing on the left front limb.
2. Upon exam, the dog was bright, alert and responsive; she had a weight = 8.1 pounds, a temperature = 101.4 degrees, a heart rate = 135bpm and a respiration rate = 30rpm. The dog was administered hydromorphone 0.4mg IV and Respondent examined the dog. She noted that the left front limb had a lateral angulation of limb distal to the left elbow. Radiographs were performed to confirm fracture.
3. Respondent discussed the fracture repair with plate, external fixture or splinting. She also relayed that amputation was a potential treatment option/outcome and recommended a follow up with 1st Pet's in-house veterinary surgeon to discuss options and manage follow up care (a drop-off consult was scheduled). Blood was collected for testing to avoid complications associated with anesthesia and anti-inflammatory use.
4. An IV catheter was placed and propofol was administered to effect (amount not documented). The fracture was reduced and a coat hanger splint was applied; post splint radiographs were performed. Respondent explained to Complainant he needed to keep the splint clean and dry and stressed that the dog needed to be seen at least weekly to have the bandage changed by a trained professional to provide adequate immobilization while avoiding complications. Repeat radiographs were recommended in 4 weeks after the initial fracture. The dog was discharged with Tramadol and meloxicam.
5. Respondent explained that coat hangers are a published use as splints to provide immobilization without providing excessive bulk or weight. She felt the other splints available to her were too big and/or would not provide adequate stabilization.
6. Complainant did not follow up with 1st Pet's veterinary surgeon as Respondent recommended.
7. On October 12, 2017, the dog was presented to Dr. Jenkins at Ahwatukee Animal Care Hospital for a second opinion. The dog was examined and Dr. Jenkins noted that the leg was painful upon palpation. Repeat radiographs were performed which showed a spiral fracture that was collapsing on both the radius and ulna – it was also noted that a coat hanger was used for stabilization of the leg. Dr. Jenkins referred Complainant to an orthopedic specialist. Complainant expressed financial concerns therefore the option of amputation was discussed.
8. On October 14, 2015, the dog was presented to University Animal Hospital for a third opinion.

Dr. Batke reviewed all the radiographs and records available. She examined the dog and discussed her concerns for a non-union of the radius and ulna. She went over options for surgical correction of a chronic fracture and recommended a board certified surgeon to possibly avoid an amputation –failures could still occur and result in limb amputation. Complainant expressed financial constraints. Surgical correction was offered at Dr. Batke's premise and again Complainant expressed financial constraints.

9. Dr. Batke recommended a bandage change due to long term bandage placement, Complainant agreed. When the bandage was removed, a coat hanger was found folded and taped together that extended from digits to just proximal to the elbow joint being used to immobilize the limb. No irritation or infection was noted. The fracture was easily palpated and unstable. Dr. Batke informed Complainant that the coat hanger was not providing adequate stabilization and recommended a firm spoon splint. Complainant approved the new bandage placement and the dog was discharged.

10. On October 19, 2017, Complainant returned to Dr. Jenkins and had the dog's leg amputated. According to Dr. Jenkins, the dog recovered and is back to being a very active, normal puppy.

COMMITTEE DISCUSSION:

The Committee discussed that the wire hanger splint is a published acceptable use for a splint in light weight animals as in this case. If a splint is too heavy, it can work against the fracture. Considering the type of fractures the dog had, any form of splint would have not likely been successful – surgery would have been the appropriate form of repair, however Complainant had financial constraints.

Respondent's splint was appropriate; the dog was not putting pressure on the leg and the fracture was reduced. The Committee understands Complainant's concerns and wished Respondent would have explained what she was using to support the leg and why.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'Riendeau' with a stylized 'R' and a vertical line through it.

Tracy A. Riendeau, CVT
Investigative Division